



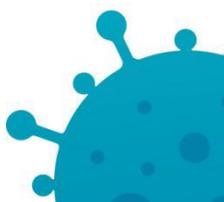
# COVID-19 SOCIAL LISTENING SYSTEM



## URBAN SLUM PERCEPTION PILOT SURVEY FINAL REPORT

Submitted by Institution for Disaster, Emergency & Accidents (IDEA)

Supported by:



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# EXECUTIVE SUMMARY

The outbreak of Coronavirus disease (COVID-19) has created an unprecedented challenge across the World. This respiratory disease, a public health emergency of international concern, has now spread to most of the countries globally, including India, and is being addressed globally, nationally and sub-nationally at all levels. The outbreak of Coronavirus disease (COVID-19) has created an unprecedented challenge.

Since this is a new emerging disease, there is not much evidence around it; government as well as other agencies are trying their best to educate the masses on various aspects of its prevention and management. However, the level of awareness among the mass regarding various aspects of its prevention and management is unknown.

Amidst this scenario, an urban perception survey was designed and implemented in urban slums in ten districts (Mumbai, Chennai, Shillong, Indore, Agra, Delhi, Srinagar, Jaipur, Kolkata and Surat) across India (April 27th to May 17th, 2020) to measure community's perceptions around prevention, identification and management of COVID-19, including knowledge on preventive measures, identification of signs & symptoms, preferred sources of health information as well as care-seeking behaviour.

This information is critical in devising risk communication and health promotion programmes to address the challenge of COVID-19 in the incumbent times and in the near future.

The survey questionnaire was developed through a consultative process involving experts from the development partners including WHO & UNICEF as well as the government and NGO partners, conducted this survey in their respective districts in six local languages. A total of 7,624 participants responded to the survey, among which



65% (4, 976/7, 624) were females and 35% (2648/7624) were males.



77% (5, 880 / 7, 624) of the slum dwellers could identify key symptoms of COVID-19 (i.e. fever / cough / difficulty breathing) correctly.



48% (3, 648/7, 624) correctly identified the primary mode of transmission as through nose, mouth and eyes.



57% (4, 317/7, 624) identified all key preventive measures (hand washing with soap and water for 20 seconds and covering your face when you cough, not spitting in the open, not touching your face /mouth /eyes /nose, keeping 1 meter distance and by staying at home) simultaneously effective in containing the spread of COVID-19.



The COVID-19 helpline number (1, 075) was popular with 64% (4, 906/7, 624) saying they would call/report at 1, 075 in case of emergence of symptoms in themselves or within their family members. 90% of the slum residents cited their

local doctor as trustworthy source of information related to COVID-19.



Radio was the most preferred media 94% in terms of source of information on COVID-19.



Risk perception related to COVID-19 is extremely low and only 0.1% of the targeted population thinks that this is a highly transmissible disease.



57% perceived they had little chances of getting COVID-19, although 43% perceived that anyone could get it.



99% of the slum population perceived that wearing a mask or cloth while leaving home would reduce their chances of getting COVID-19.



Only 16% cited physical distancing and 13% mentioned hand-washing with soap as effective ways to prevent COVID-19.



84% of the respondents mentioned the need for getting tested if they had been in contact with a person known to have COVID-19, while only 12% mentioned the need for being tested for COVID-19 if they only had fever and had travelled out.

Thus, we found that knowledge about sign & symptoms of COVID-19 as well as about various other aspects of its prevention & management is not universal, highlighting the need for targeted and continued Information, Education & Communication (IEC) in this direction.

*“The most alarming finding from this study is the low risk perception among the respondents from COVID-19. This could translate in delayed or no care-seeking behaviour for symptoms of COVID-19, which could be fatal for the patient as well as for the community. Hence, targeted, tailor-made, culturally relevant risk communication is urgently required.”*

### **Community prefers local doctors within their social ambit to receive information for COVID-19.**

It is also likely that the community could use their services even for COVID-19 management. Care-seeking behaviour from unqualified providers for COVID-19 could be fatal for the patient as well as the community. Hence, programmes targeting prevention and management of COVID-19 should evolve ways to identify and safely engage these local practitioners for COVID-19 prevention and management.

Various factors have created a social stigma around COVID-19, which could prevent timely and appropriate care-seeking behaviour regarding its symptoms. This could have serious public health consequences. **Hence, there is a need for culturally sensitive risk communication coupled with appropriate behaviour change management programmes at the community level.**

# INTRODUCTION

As a global pandemic the Coronavirus disease has emerged as an unprecedented challenge around the world. The outbreak of this high case fatality respiratory disease caused by novel Coronavirus was first detected in Wuhan city, Hubei Province, China, and has now spread to most of the countries globally. On January 30th, 2020, the International Health Regulations Committee of the World Health Organization (WHO) declared this disease outbreak as a “Public Health Emergency of International Concern (PHEIC).”

The COVID-19 pandemic in India has spread all over the nation. The present COVID-19 crisis in India is being managed by the government in a very strategic manner resulting in a good recovery rate of patients which is well within 5% of the mortality rate in the country. This statement can be further proved by Table 1 below which showcases the same belief.

Table 1: COVID-19 Scenario (Data last accessed on July 16, 2020)

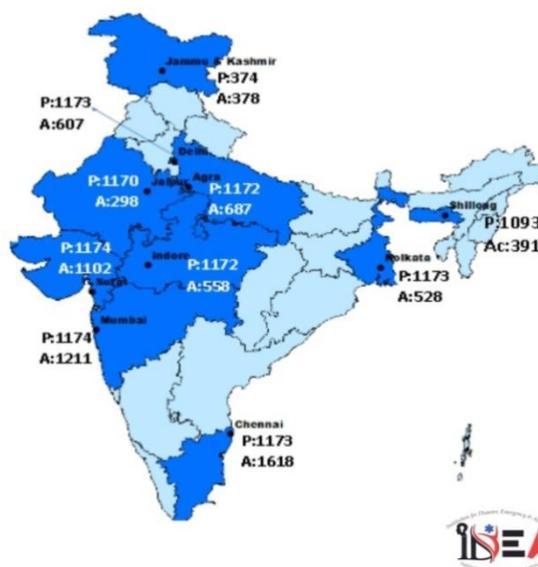
City	Confirmed cases	Recovered cases	Recovery rate
Mumbai	96,474	67,830	70.30%
Delhi	116993	95699	81.70%
Chennai	80961	64036	79.10%
Kolkata	10,975	6,146	56%
Surat	8642	5436	63%
Indore	5496	4078	74.10%
Jaipur	4097	3226	78.70%
Srinagar	2086	549	26.30%
Agra	1424	1170	82.10%
Shillong*	346	66	19.10%

\*This includes the total cases in Meghalaya  
Source: <https://www.covid19india.org/>

This public health crisis is being addressed at various levels, including, governance, infrastructure, human resources, availability of medical products, access to health services, monitoring & evaluation, as well as, health information to the masses, including risk communication.

Since this is a new emerging disease, the level of awareness among the masses regarding various aspects of its prevention

State wise Urban Slum Perception Survey



and management is worked upon. In this emerging scenario, an urban perception survey was designed and implemented in ten cities of India (as listed above). Since urban poor are estimated to be the worst category affected from this disease, the survey specifically aimed to cover a representative population of urban poor across the country.

This survey, nested as a part of the ‘Social Listening System’ platform, aims to measure community’s perceptions around prevention, identification and management of COVID-19, including knowledge on preventive measures,

identification of signs & symptoms, preferred sources of health information as well as care-seeking behaviour. The perceptions gathered during this critical time will help us in formulating risk communication and health promotion programmes to address the challenges of COVID-19 in these trying times and also in times ahead.

# METHODS & KEY FINDINGS



Urban Perception Surveys have been implemented in urban slums in ten districts (Mumbai, Chennai, Shillong, Indore, Agra, Delhi, Srinagar, Jaipur, Kolkata and Surat) across India with the objective of getting inputs from around 10,000 people as a population representative model through 'Social Listening System' platform.

NGO partners were identified from respective districts to screen respondents from urban slums, and mobilize them as urban slum champions-so that they continue to participate in subsequent perception surveys and collection of feedback from the respondents.

Table 2 shows the distribution of the slums covered in the respective 10 districts, along with the partner NGOs, which coordinated the surveys, in their respective districts.

Table 2: Distribution of slums and partner NGOs

CITY	SLUM LOCATION	PARTNER/NGO
Mumbai	Dharavi, Bainganwada, Janupada	World Vision
Delhi	Kusumpur Pahari, New Ashok Nagar	World Vision
Kolkata	Piikhana, Tikipara	CBM
Chennai	Vaysarpari, Kasimedu, Royapuram	Arunodaya
Indore	Krishnapura	SEWA
Srinagar	Near Dal Lake (scattered near shrines)	Srinagar Municipal Corporation
Shillong	Muwbah, Demseniong, Pythobrumkrab	Ms Rinibeth, Social worker Ms Rukini, Social worker
Surat	Katagam, Mota Varachha, Dindoli, Vesu	SEWA
Jaipur	Kathputli	Ms Kavita Srivastava, Ms Komal Srivaatava Institute for Equity Studies
Agra	Nagla Chand, Gulab Nagar Shanti Vihar	Mr Mohd Harun Imam Sahib Mr Hari Mohan

This is an on-going activity to learn about the gaps & challenges among different communities and frontline healthcare workers in terms of prevention and management of COVID-19. These surveys

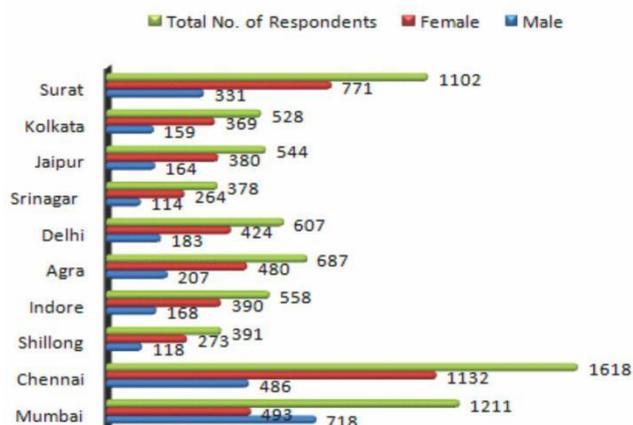
are being conducted in six local languages, in a phase-wise manner, to ascertain a baseline to monitor integrated slum containment activities and interventions, including risk communication and community engagement, as well as an end-line to assess the impact of interventions to address the identified gaps & challenges. This 'Social Listening System' platform would be used to engage urban slum communities on key gaps & challenges and promotion of safe public health measures in terms of prevention and management of COVID-19.

The survey methodology was based on attaining 95% confidence measure, which would depend on three factors - sample size, percentage and population. This helps in accurate percentage and represents the true profile of the target audience which lies within the target sample. The confidence measure reflects certainty in the data. After the line-list was generated, the survey was shared with identified respondents through IVRS and WhatsApp chatbot (brochure attached).

The chatbot modality of survey ensured data capturing from the first response itself and is an interactive way for survey methodology developed by the IT team of Institution for Disaster, Emergency & Accidents (IDEA). This method of survey also ensures location tracking and final data punching at the end of survey. The survey questionnaire was developed through a consultative process involving experts from the development partners as well as the government so as to bring in the holistic perspective and expertise of various agencies to assess the community risk perceptions around key areas relating

to prevention and management of COVID-19.

**Figure 2: Genderwise distribution of respondents in ten Survey Districts (N=7624)**

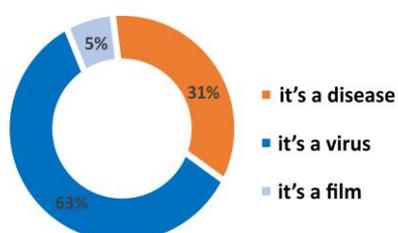


A total of 9,600 respondents were targeted from 12 cities through a good mix of local/ national/ global agencies along with Municipal Corporations in some of the cities.

The initial process was to screen the respondents and only when they agree to participate their opinion should be considered. Therefore eventually 7, 624 participants responded to the survey, among which 65% (4,976 /7,624) were females and 35% (2,648/7,624) were males. Figure 2 shows the district-wise and gender-wise distribution of the survey respondents. Maximum number of survey respondents were from Chennai (n=1,618), while minimum was from Srinagar (n=378).

## COMMUNITY'S PERCEPTIONS ABOUT COVID-19:

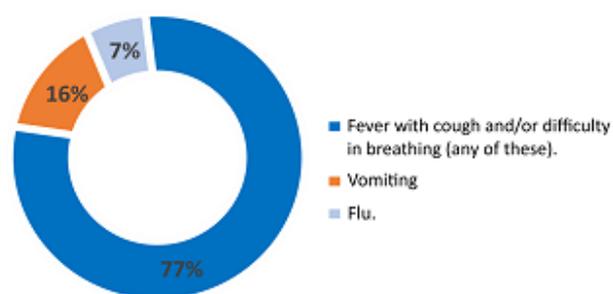
**Figure 3: Community's perceptions regarding what is COVID-19 (N=7624)**



**63% of the respondents say that COVID 19 is a virus, not a disease.**

63% (4, 815/7, 624) of the slum population considered COVID-19 as a virus, while only 31% (2, 399/7, 624) identified it correctly as a disease in Figure 3. Thus, it seems that Coronavirus and COVID-19 has interchangeable connotations within the community.

**Figure 4: Community's perceptions regarding what are COVID-19 Symptoms (N=7624)**



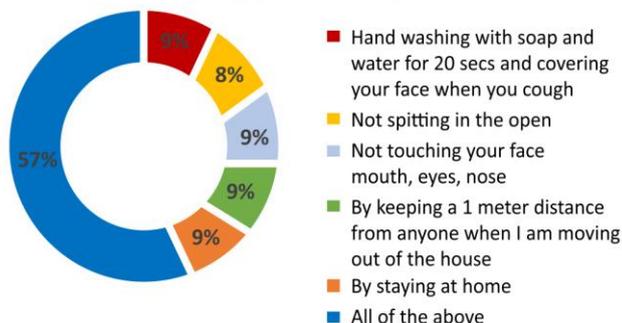
**77% of respondents identify the most common set of symptoms of COVID-19**

77% (5,880/7,624) of the slum dwellers could identify key symptoms of COVID-19 (i.e. fever/cough/difficulty breathing) correctly in Figure 4. 16% (1,207/7,624) incorrectly cited vomiting as a symptom of COVID-19.

57% (4,317 / 7,624) of the slum dwellers identified all key preventive measures (hand washing with soap and water for 20 seconds and covering your face when you cough, not spitting in the open, not touching your face / mouth / eyes /nose, keeping 1 meter distance and by staying at home) simultaneously effective in containing the spread of COVID-19. Figure 5 depicts community's perceptions regarding preventive measures to protect from COVID-19. 9% only considered

covering of face while coughing or sneezing and hand-washing on regular intervals as one of the important personal prevention measures.

**Figure 5: Community's perceptions regarding prevention from COVID-19 (N=7624)**

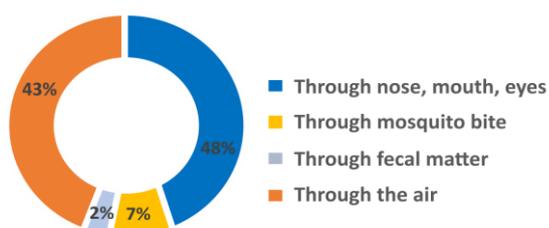


**Around 57% of the respondents agreed that a set of multiple preventive measures and personal protection behaviour are effective in preventing COVID 19.**

8% only responded for spitting in the open, 9% responded for not touching your face / mouth / eyes / nose, 9% responded for keeping 1 metre distance, and 9% responded for staying at home, as important preventive measures.

48% (3,648/7,624) correctly identified the primary mode of transmission of Corona virus through nose, mouth and eyes; while 43% cited transmission through air as primary mode of transmission. Figure 6 shows community's responses for primary modes of transmission of Coronavirus.

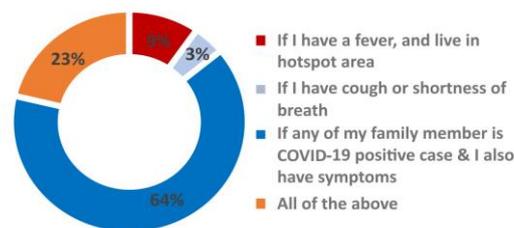
**Figure 6: Community's perceptions regarding key modes of transmission of Corona Virus (N=7624)**



**91% of the respondents understand that the modes of transmission are through respiratory droplets and can spread through nose, mouth and ears**

The COVID-19 helpline number (1,075) was found to be quite popular. 84% (4,906/ 7,624) of the respondents said they would call/report in case of emergence of symptoms in themselves or within their family members in Figure 7. 23% responded for all key mentioned reasons (If I have fever and live in hotspot area/If I have cough or shortness of breath/If any of my family member in COVID-19 positive case & I also have symptoms) they would call 1075.

**Figure 7: Community's responses as to when they would call COVID-19 Helpline 1075 (N=7624)**



However, only 9% could cite the importance of calling on the helpline number in case of fever while living in hotspot area.

**88% of the respondents would call the helpline .**

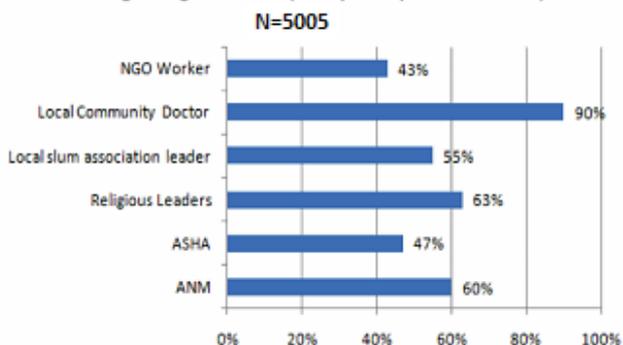
## PREFERRED SOURCES OF INFORMATION/ADVICE REGARDING COVID-19

90% of the slum residents cited their local doctor as trustworthy source of information related to COVID-19. 63% said that they preferred their religious leaders while 60% said they preferred their ANMs for information related to COVID-19. In

Figure 8 represents community's trusted sources of information regarding COVID-19. Radio was the most preferred media 94% in terms of source of information on COVID-19, closely followed by Ministry of Health sources/website 90%.

**Radio is considered as the most trusted source of information by the communities. 94% and 90% believe on Ministry of Health website.**

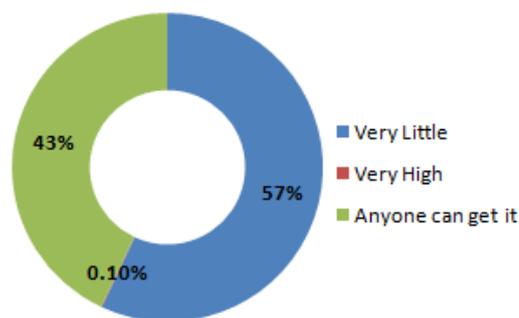
**Figure 8: Trust on sources of information (Individuals/persons) regarding COVID-19 (Multiple responses allowed)**



## SUSCEPTIBILITY PERCEPTIONS

The risk perception related to COVID-19 is extremely low and only 0.1% of the targeted population thinks that it is a highly transmissible disease, although 43% that anyone could get it in Figure 10. 57% perceived they had little chances of getting COVID-19.

**Figure 10: Community's risk perceptions regarding their chances of getting Coronavirus (N=1997)**

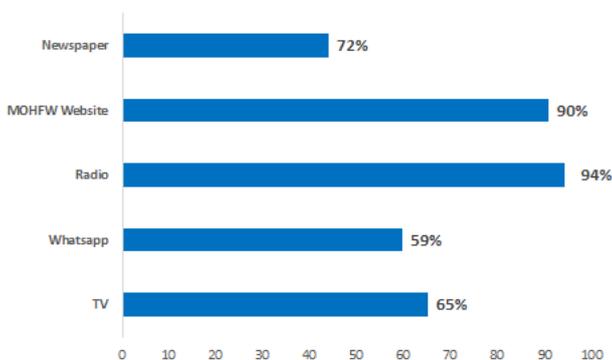


**90% believe that local doctor is the most trusted source of information, followed by 63% as religious leaders and 60% believes ANMs.**

72% of the respondents cited newspaper as trustworthy source, followed by Television (65%) and Whatsapp (59%). Figure 9 represents preferred media in terms of source of information regarding COVID-1

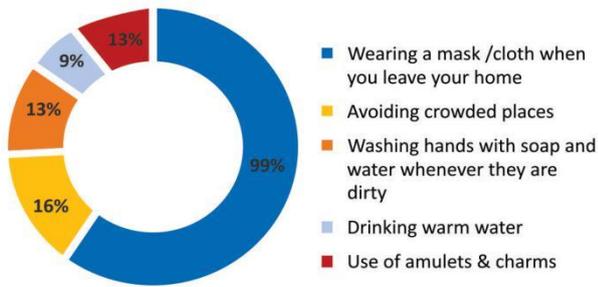
**There is a low risk perception related COVID-19 and 57% believe they have little chance of infection.**

**Figure 9: Most Trusted Medium of Information (Multiple responses allowed) (N=2645)**



99% of the slum population perceived that wearing a mask or cloth while leaving home would reduce their chances of getting COVID-19. Only 16% cited physical distancing and 13% mentioned hand-washing with soap as effective ways to prevent COVID-19. Figure 11 presents the community's perceptions regarding personal behaviours/ways to prevent COVID-19.

**Figure 11. Community's perceptions regarding ways to prevent COVID-19 (N=1773)**

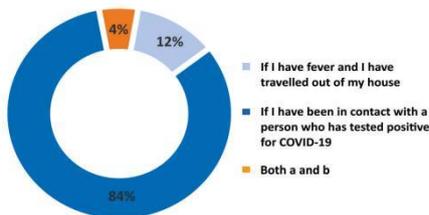


**Though community acknowledges hand washing as an preventive measure only 13% perceive it to be important. However, wearing a mask while going out is a message clearly understood by the community.**

## PERCEPTIONS REGARDING DETECTION AND TREATMENT OF COVID-19

84% of the respondents mentioned the need for getting tested if they had been in contact with a person with known COVID-19, while only 12% mentioned the need for being tested for COVID-19 if they only had fever and had travelled out. Figure 12 represents community's perceptions regarding when they should get tested for COVID-19.

**Figure 12: Community's perceptions regarding when they should get tested for COVID-19 (N=1670)**

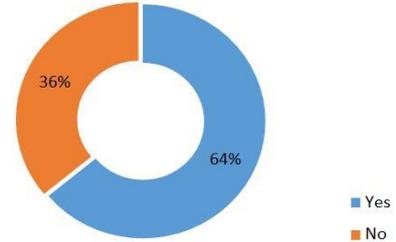


**84% of respondents believe they should get COVID-19 tested, if they have been in contact with a person who had tested positive.**

Figure 13 shows that 64% of the respondents were aware of the process to be followed for getting oneself tested for

COVID-19 infection showing that information regarding testing is still not universally known and further communication are required in this direction.

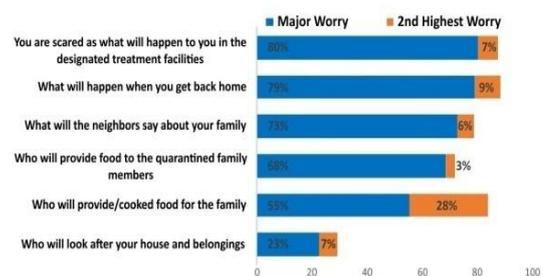
**Figure 13: Are you aware of the process to be followed to get tested for COVID-19? (N=1661)**



**36% of respondents are still not aware about the process of testing**

Figure 14 shows that there are various community concerns regarding a possibility of their family member being tested COVID-19 positive and send to isolation facilities. Majority 78% said that their major worry was how they would cope with the situation when they get back home. Along with this 70% worried how they will be treated at the designated isolation facilities and 72% were worried about the stigma that they were likely to face when they returned or the stigma that their family members would have to face. This brings out the stigmatizing nature of COVID-19 infection and clearly points out that more than house and belongings people are worried about the stigmatizing nature of the infection.

**Figure 14: Community concerns regarding if a family member tested positive and sent to designation facilities for isolation (Multiple responses allowed) (N=1610)**

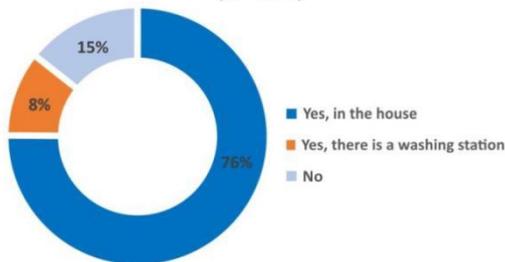


**Stigma is very high as 78% worry what will happen when they get back home and 72% worry what will neighbours say.**

### ACCESS TO ESSENTIAL SERVICES: WATER/SANITATION/SOCIAL PROTECTION

76% of the respondents said that they had access to hand-washing facilities in their homes, 8% have it in their community and 15% said that they did not have access to hand-washing facility in Figure 15.

**Figure 15: Availability of handwashing facilities at home/vicinity (N=1401)**

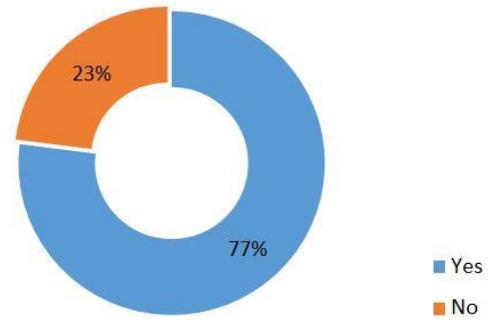


**76% of the respondents do not have any issue with regards to hand washing facility at home, however 1/4 of the respondents lack this facility. However soaps, hand washing liquids and sanitizers, remains a major concern in urban settlements.**

High proportion of access to hand-washing facilities amounting to 85% while low 13% response against 'hand-washing as a protection measure' Figure 11 highlights a critical gap between access and practice and needs to be addressed through behaviour change management approaches.

77% of the respondents think that they can maintain a distance of 1 meter from people as shown in Figure 16.

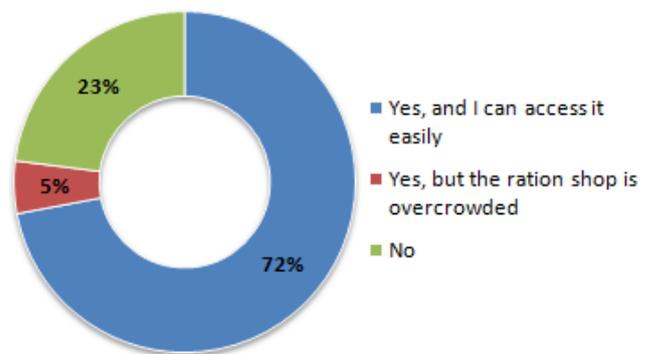
**Figure 16: Do you think it is possible for you to maintain a distance of 1 metre from people around you?(N=1399)**



**23% of the respondents do not think that they can maintain 1 meter distance from other people.**

72% of the respondents said that they had easy access to essential items (fruits /vegetable/grocery) in their vicinity, while 5 % said they had access but the ration shops were crowded, a major concern towards social distancing in Figure 17.

**Figure 17: Access to fruits/vegetables/grocery in the vicinity (N=1386)**



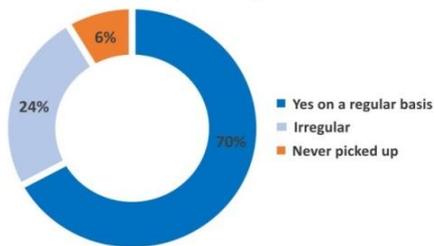
**23% of the respondents said they don't have access to essential commodities near their homes.**

23% of the slum residents did not have access to essential items in their vicinity, which could be major concern during lockdowns.

70% of the slum respondents said that their areas were being cleaned and sludge picked up from the area on a

regular basis, while 6% of the respondents said that sludge was never picked up, while 22% said that it was being picked up irregularly in Figure 18.

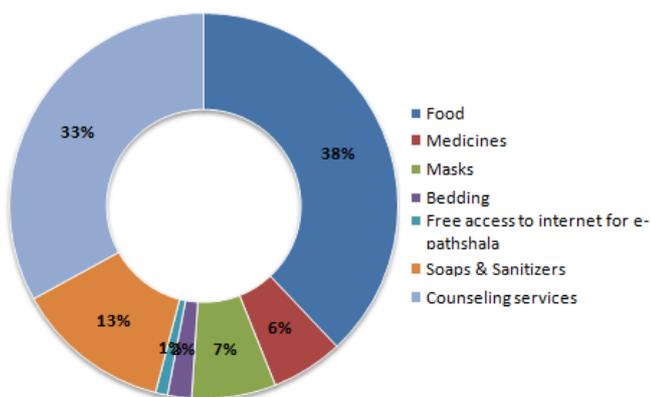
**Figure 18: Sludge/Solid waste pick-up from slums (N=1130)**



**30% of the respondents said sludge/solid waste is irregularly picked up.**

When asked what would be the primary support that they would need from the government, the respondents have shown the highest preference for receiving food as aid 38% closely followed by counselling services which is 33%. 13% said that they would require soaps & sanitizers while only 7% said that they require help in getting masks. Figure 19 represents the distribution of different forms of aid that the community expects from the government amidst the COVID scenario.

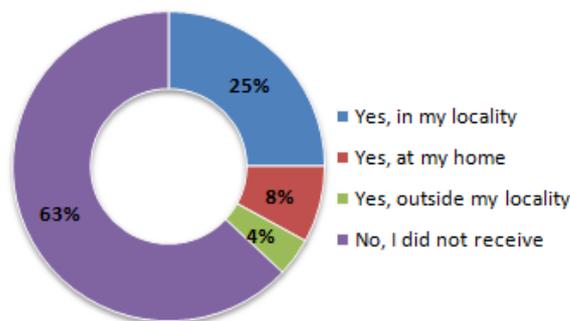
**Figure 19: Community's expected aid from the government (N=1117)**



**Food and counselling services are major expectations from government during COVID-19 scenario.**

When asked if the respondents had received any such aid from the government, majority 63% replied in negation. However, 37% said that they had received such aid either in their locality 25% or at home 8% or outside their locality 4%. Figure 20 show the distribution of such aid received the respondents.

**Figure 20: Community's response regarding aid received from the Government amidst COVID scenario (N=1015)**

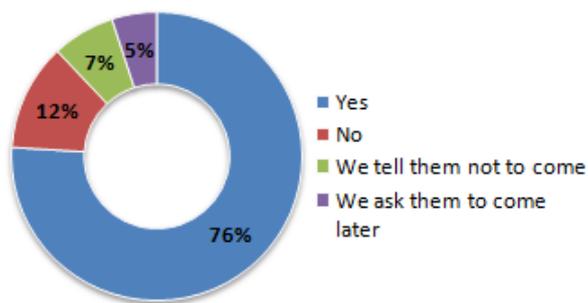


**63% of the respondents said they did not receive any kind of aid from the government.**

## PERCEPTIONS ABOUT HEALTH WORKERS AND SERVICE PROVIDERS

76% of the respondents said that healthcare workers come to their houses 12% said that the health workers do not come and 7% said they tell the workers not to come home, while 5% tried to put off the health workers, telling them to come later. Whereas 7% withhold information which they feel may be misused. 13% respondents felt that the health workers were anyways trying to blame the community for the spread of the infection and give them information about safety and prevention from COVID-19 in Figure 21.

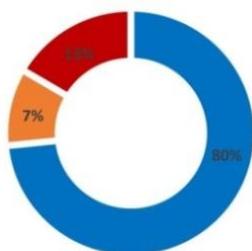
**Figure 21: Community's responses regarding whether health workers' visited them to share COVID-19 information (N=1009)**



**76% of the respondents said that health workers visited them to share COVID-19 information**

80% of the respondents said that they cooperate with health workers seeking information and share the required information with them as shown in Figure 22.

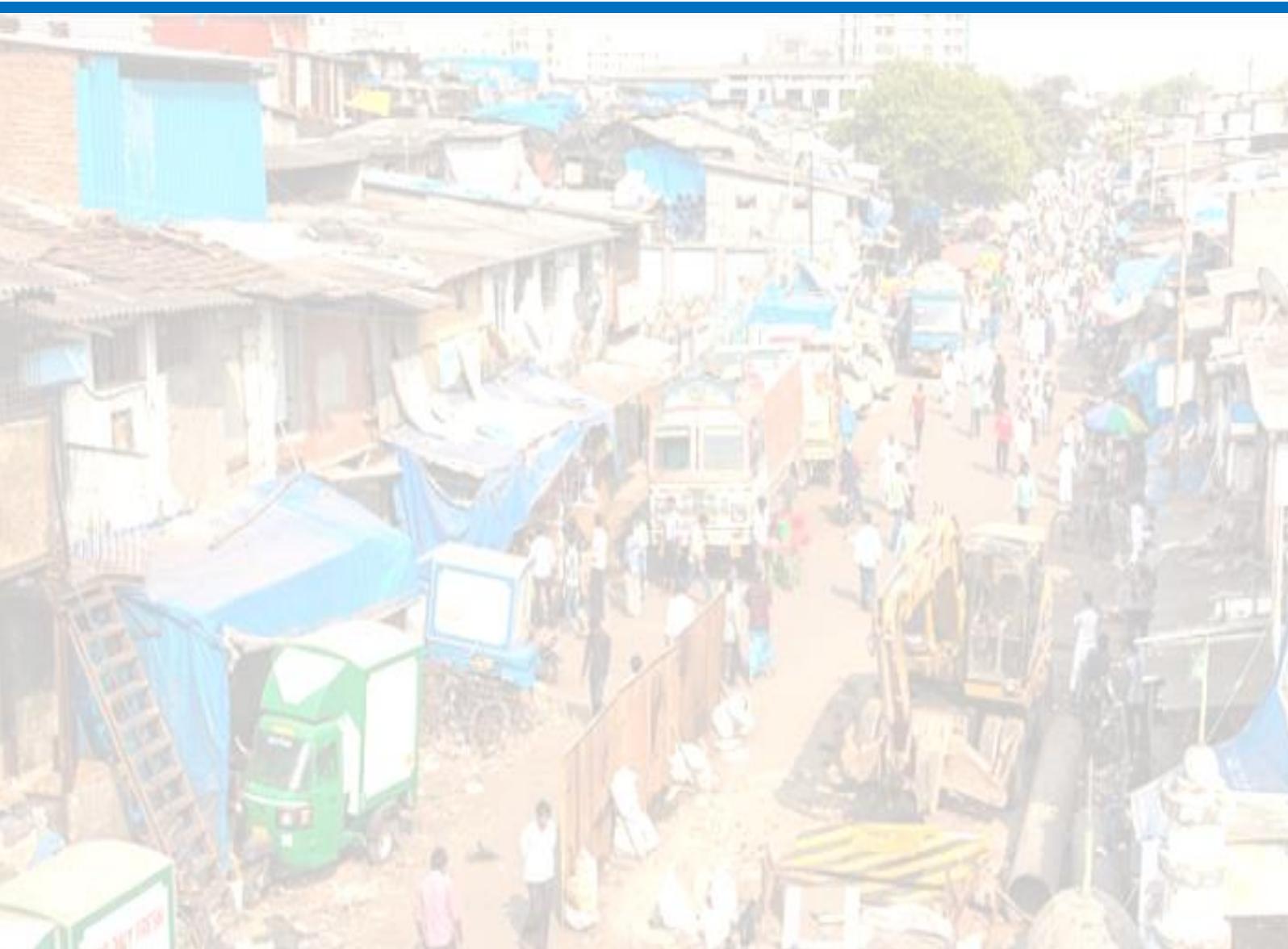
**Figure 22: Community's responses regarding health worker's visits for COVID screening (N=973)**



- You provide complete information as per the questions asked
- You withhold some information which you think may be misused
- You think they are already trying to blame your community/area

**20% of the respondents hide information from health workers.**

# CASE STUDIES





# CASE STUDY: DHARAVI, MUMBAI

Maharashtra is a state in the Western peninsular region of India. It is the second-most populous state with a population of 112, 374,333 and the third-largest state with an area of 307,713 km<sup>2</sup>. The population density of the state is 370/km<sup>2</sup>. The state is also home to the largest number of slums in India, accounting for 23% of all slum habitations<sup>1</sup>. Maharashtra is the worst COVID-19 affected state, accounting for almost one-third cases of the country. About 2, 75, 640 confirmed cases have been recorded out of which 1, 52,613 have recovered by July 15, 2020<sup>2</sup>.



Mumbai is reeling under the devastating impacts of COVID-19. Home to Asia's largest slum, Dharavi with a population density of 277, 136/km<sup>2</sup>, the city has emerged as a major hot spot of COVID-19 in India. In Mumbai, about 96, 474 confirmed cases have been recorded out of which 67, 830 have recovered by July 15, 2020<sup>3</sup>. About 2,301 cases have been recorded in Dharavi by July 2, 2020<sup>4</sup>.

A telephonic conversation with a 23-year-old World Vision Volunteer and a software developer, Mr.Asif Ali brings to surface the COVID-19 situation of Rajeev Gandhi Nagar, Dharavi.

“The COVID-19 infection in our cluster began with a single case and this triggered panic among the whole community. The reaction of people towards the affected patients made them feel even more pathetic. All the infected patients have recovered and the situation seems to be under control in this cluster. But COVID-19 has affected all the spheres of life; increasing food crisis, disruption of livelihoods, and an increase in the frequency of domestic violence. I strongly feel the need to volunteer for the cause because if we stop distributing food packets to the people, they would die of hunger and poverty”.



<sup>1</sup>Census of India, 2011, retrieved from: <https://censusindia.gov.in/2011census/dchb/Maharashtra.html>

<sup>2</sup> 15<sup>th</sup> of July, 2020, retrieved from: <https://www.covid19india.org/>

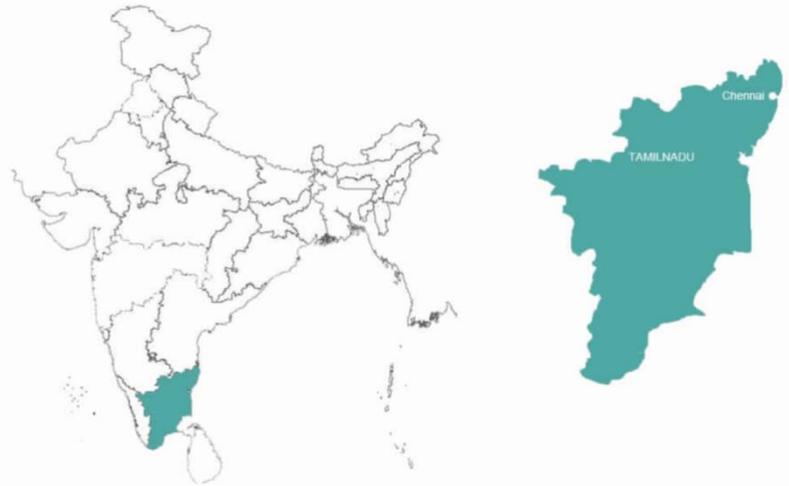
<sup>3</sup> 15<sup>th</sup> of July, 2020, retrieved from: <https://www.covid19india.org/>

<sup>4</sup> 2<sup>nd</sup> of July, 2020, retrieved from: <https://mumbaiirror.indiatimes.com/coronavirus/news/mumbai-dharavi-reports-19-new-covid-19-cases-today-tally-climbs-to-2301/articleshow/76754381.cms>



## CASE STUDY: KORUKKUPET, CHENNAI

Tamil Nadu is a state in the southernmost part of the Indian subcontinent. It is the sixth-most populous state with a population of 72, 147, 030 and the tenth-largest state with an area of 130,058 km<sup>2</sup>. The population density of the state is 550/km<sup>2</sup>. The slum clusters in Tamil Nadu are home to 2, 838, 366 people<sup>5</sup>. Tamil Nadu is the second-most COVID-19 affected state in India with about 1, 51, 820 confirmed cases and 1, 02, 310 recovered cases by July 15, 2020<sup>6</sup>.



Chennai, the capital of Tamil Nadu is the sixth most populous city with a population density of 17,000/km<sup>2</sup>. The slum clusters in Chennai are a home to 10, 79,414 people scattered

across several locations like Korukkupet, Ennore, Royapuram, etc<sup>7</sup>. Chennai has become the worst COVID-19 affected city in Tamil Nadu, with 80, 961 confirmed cases and 64, 036 recovered cases by July 15, 2020<sup>8</sup>.

Mrs. B. Ranjini, a 33-year-old volunteer at Chennai Greater Corporation staying in Kumaran Nagar, Korukkupet, Chennai, shares her experience of COVID-19 situation in her locality.

“About 400 families stay in my locality and 6 confirmed COVID-19 cases have been recorded so far. It is at least a relief that not many cases have been recorded. The infected patients are not happy with the treatment. They often complain that they are not given proper food. COVID-19 has affected all the spheres of life, from the ‘livelihood’ to the ‘well-being’ of people. I am not afraid of the disease but extremely worried of its treatment, if in case I tested positive”.



<sup>5</sup>Census of India, 2011, retrieved from: <https://censusindia.gov.in/2011-common/censusdata2011.html>

<sup>6</sup>15<sup>th</sup> of July, 2020, retrieved from: <https://www.covid19india.org/>

<sup>7</sup>Slums in Chennai: A profile, December 2003, retrieved from: [http://www.yorku.ca/~bunchmj/ICEH/proceedings/Chandramouli\\_C\\_ICEH\\_papers\\_82to88.pdf](http://www.yorku.ca/~bunchmj/ICEH/proceedings/Chandramouli_C_ICEH_papers_82to88.pdf)

<sup>8</sup>15<sup>th</sup> of July, 2020, retrieved from: <https://www.covid19india.org/>



# CASE STUDY: SONIA VIHAR, DELHI

New Delhi, the capital of India, is the second-most populous city after Mumbai with a population of 16, 787, 941, and a population density of 11, 312/km<sup>2</sup>. There are about 750 big and small slums in Delhi which are a home to about 20 lakh people<sup>9</sup>. Kirti Nagar, Sonia Vihar, New Ashok Nagar etc. are a few areas having a high concentration of slums.

Delhi is the third most COVID-19 affected Union Territory after Maharashtra and Tamil Nadu. About 1, 16,993 confirmed cases have been recorded so far out of which 95, 699 by July 15, 2020 have recovered<sup>10</sup>. With the COVID-19 cases increasing every day, providing health-care facilities to all the affected patients has become a major challenge.



An interaction with Arjun, a 19-year-old World Vision Volunteer from Sonia Vihar, New Delhi, brings to surface the condition of COVID-19 in his slum-cluster.

“The cases have been increasing in our colony. About 20-25 confirmed cases have been visible within 500 metres of distance as per Arogya Setu App. People are not strictly following the precautionary measures. Even the police have given relaxation regarding the social distancing norms. The government has given the curfew time but no one follows it. The infected patients are mostly home-quarantined, only those with a critical condition are hospitalized in a government hospital. COVID-19 has a positive impact on nature but it has devastated our lives. The savings that were meant for the education of children have been utilized in basic survival. The daily wage labourers are the worst affected. My father is a truck driver and we are struggling to fulfil our basic needs”.



<sup>9</sup>Census of India, 2011, retrieved from: <https://censusindia.gov.in/2011-common/censusdata2011.html>

<sup>10</sup>15<sup>th</sup> of July, 2020, retrieved from: <https://www.covid19india.org/>

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# SHORTCOMINGS & LIMITATIONS

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## SHORTCOMING

- The survey questionnaire with 20 questions was possibly found to be too long by the respondents, which were reflected in declining number of responses, from question no 10 onwards. Hence, all the subsequent surveys and feedback process with this kind of survey methodology and target respondents might need to have fewer questions.
- Tools need to be in the local language to connect with the local population.
- Alternate social media platforms are needed as literacy and technology-based capacities become a challenge (both IVRS and WhatsApp were used to connect) with vulnerable groups within slums. Cities that were not part of the original survey and to overcome this challenge the responses were geo-tagged to filter out the responses from non-assessment cities.
- Dissemination of survey via social media platforms could help in bringing wider perspectives and more data inputs.

## LIMITATION

- A total of 7,624 participants responded to the survey against the total 9,848 screened respondents. Not all screened respondents participated in the survey, which resulted in this shortfall.
- Screening in urban slums have been done by NGO workers from there project areas. As this was a social media driven perception survey, hence respondents with phones were selected, and there could be a selection bias. Due to limited scope to

explain questions, some questions might not have been comprehended by the respondents; hence there could be some information bias.

# KEY RECOMMENDATIONS & WAY FORWARD



## KEY RECOMMENDATIONS

- Knowledge about sign & symptoms of COVID-19 as well as about various other aspects of its prevention & management is not universal, highlighting the need for targeted and continued Information, Education & Communication (IEC) in this direction.
- The most alarming finding from this study is the low risk perception among the respondents from COVID-19. This could translate in delayed or no care-seeking behaviour for symptoms of COVID-19, which could be fatal for the patient as well as the community. Hence, targeted, tailor-made, culturally relevant risk communication is urgently required.
- Amidst current scenario, food, followed by counselling services and soaps & sanitizers are the key expectations of the community in terms of aid from the government. The information that slum residents prefer radio and government sources for COVID-19 needs consideration for design of programmes and dissemination of messages.
- Further, since the availability of hand-washing resources did not actually translate into knowledge regarding its importance and consequently also might not translate into practice, there is need for continued Information, Education & Communication (IEC) in this direction.
- Community prefers local doctors within their social ambit to receive information for COVID-19. It is also likely that the community could use their services even for COVID-19 management. Care-seeking behaviour from unqualified providers for COVID-

19 could be fatal for the patient as well as the community. Hence, programmes targeting prevention and management of COVID-19 should evolve ways to identify and safely engage these local practitioners for COVID-19 prevention and management.

- Various factors have created a social stigma around COVID-19, which could prevent timely and health care-seeking behaviour regarding its symptoms. This could have serious public health consequences. Hence, there is a need for culturally sensitive risk communication coupled with care-seeking behaviour change management programmes at the community level.
- Wash related Risk Communication messages need to be widely propagated.



# Thank You

For being a partner with IDEA in successfully carrying out this Survey. We acknowledge your support and participation.

Table 1		
CITY	SLUM LOCATION	PARTNER/NGO
Mumbai	Dharavi, Bainganwada, Janupada	World Vision
Delhi	Kusumpur Pahari, New Ashok Nagar	World Vision
Kolkata	Pilkhana, Tikipara	CBM
Chennai	Vaysarpari, Kasimedu, Royapuram	Arunodaya
Indore	Krishnapura	SEWA
Srinagar	Near Dal Lake (scattered near shrines)	Srinagar Municipal Corporation
Shillong	Muwbah, Demsenieng, Pythobrumkrab	Ms Rinibeth, Social worker Ms Rukini, Social worker
Surat	Katagam, Mota Varachha, Dindoli, Vesu	SEWA
Jaipur	Kathputli	Ms Kavita Srivastava, Ms Komal Srivaatava Institute for Equity Studies
Agra	Nagla Chand, Gulab Nagar Shanti Vihar	Mr Mohd Harun Imam Sahib Mr Hari Mohan



**SEWA**

Self Employed Women's Association



SRINAGAR MUNICIPAL CORPORATION





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